

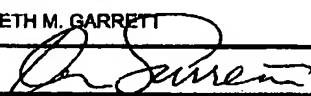
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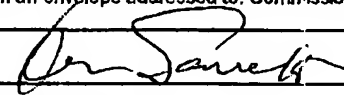
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/728,887	
	Filing Date	12/08/2003	
	First Named Inventor	FOLKMAR, JAN	
	Art Unit	3877	
	Examiner Name	BRITTAIN, J.R.	
Total Number of Pages in This Submission	2	Attorney Docket Number	POLAA P110US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Date	09/14/2006	Reg. No.	27,514

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PTO/SB/81 (01-06)  
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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/728,887
	Filing Date	12/08/2003
	First Named Inventor	FOLKMAR, JAN
	Title	ADJUSTABLE CLIP
	Art Unit	3877
	Examiner Name	BRITTAIN, J
	Attorney Docket Number	BOLAA P110US

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Practitioner(s) named below:

Name	Registration Number
KENNETH M. GARRETT	27,514

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Country: CANADA

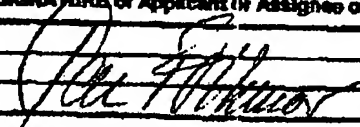
Telephone: 905-815-0424 Email: KEN.G@BONNIELLE.COM

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

**SIGNATURE of Applicant (or Assignee of Record)**

Signature		Date	12.09.06	
Name		JAN FOLKMAR	Telephone	416 890 4080
Title and Company				

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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